

(703) 305-3734

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

~~SERIAL NO.~~

FEDERAL BUREAU OF INVESTIGATION

100/16

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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TOTAL IND.	1					
TOTAL DEP.	1	1				
TOTAL CLAIMS	1	1				

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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